File No.—For State Registrar Only (1) PLACE OF BURTH STATE OF SOUTH CAROLINA. 5589 Bureau of Vital Statistics County of State Board of Health . Registered No. (For use of Local Reistrar) Registration District No. 1. Inc. Town If child is not yet named, make supplemental report as directed Full Name of Child. (6) Are (5) Number in BIRTH Parents (Name of Month) (Day) order of birth BOY OR or Triplet? Married? To be answered only, in event of Twins or Trialets MOTHER. FATHER (14) NAME BEFORE MARRIAGE FULL PRESENT (15) POSTOFFICE OF MOTHER AGE AT LAST BIRTHDAY — COLOR (II) AGE AT LAST BIRTHDAY (Years) RACE (Years) (18) BIRTHPLACE (12) BIRTHPLACE (19) OCCUPATIO (13) OCCUPATIO (21) Number of children of this mother now living, including present birth (20) Number of children born to mother, including present birth CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE (22) I hereby certify that I attended the birth of this child, who was on the date above stated. (24) State whether Physician or Midwife Given name added from a supplemen-(Signature of Witness necessary only (26) Witness tal report when question 23 is signed by mark) 191.... Local Registrar. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy. LUCAI RESTSTEET. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.